CLINICAL NOTES IN WEST AFRICA.

WITH FOUR ILLUSTRATIONS.

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CLINICAL NOTES IN WEST AFRICA.

Case I.—*Lipoma.**—Soontoo B., a Mandingo girl, aged sixteen years, came under my care in June, 1882. She applied for surgical assistance for a tumour which had slowly and steadily increased in size and was interfering with natural functions. On examination, a tumour (represented by a sketch taken by me before removal) was found extending from the side of the left labium in front to the gluteal region posteriorly, occupying such a position as to have to be held aside when evacuating the bowel.

The history gave the following :—The growth was first noticed ten years previously, after an attack of variola, and had increased to its present size (larger than the head of a fully-formed child at birth), measuring 8 inches round the base, not pedunculated. A large vein traversed the anterior

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surface of the tumour. On palpation it was lobulated, soft, cool, and painless; the diagnosis was, therefore, not difficult.

After a few days' preparatory treatment, and waiting until the menstrual flux had passed, she was placed in the lithotomy position and chloroformed. A free incision was made from before back (in the median line of the tumour) through the skin and fibro-cellular capsule of the growth, the skin on each side being turned down in flaps and afterwards cut to perfect adaptation, avoiding redundancy. Silk sutures were applied, and a dressing of lint saturated with carbolic oil, with a further pad of cotton wool to form a graduated pressure. On account of the position of the incision the bowels were locked by opium for a few days. The tumour weighed one pound one ounce, and was purely fatty. The after-treatment was by ordinary surgical means, the case terminating favourably.

Case II.—*On two large Auricular Growths following the operation of Puncture*—The following interesting case* came under my care in the month of January, 1882 :—B. Bahoo, aged sixteen years, presented himself at the extern department for admission into the Victoria Hospital on the 11th day of January, in order that he might receive surgical treatment for two large auricular growths.

Through an interpreter I was enabled to obtain the following history :—As is the custom amongst African tribes, he had his ears pierced for earings when eight years of age. Shortly after the operation the tumours, represented here by a drawing taken from a photograph, appeared, and had, when examined by me, attained to the following proportions :—The right tumour, attached to the lobulus of the ear, and having cutaneous attachments to the parotid and mastoid

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regions, measured from above downwards 9 inches, and in circumference 14 inches; lobulated, hard and firm to the feel. The left tumour, smaller than the right, and having a somewhat similar attachment, measured from above downwards 9 inches, and 10 inches in circumference. A small portion of the posterior inferior part of this tumour exhibited leucoderma, whilst the anterior inferior end of the right tumour showing signs of commencing degeneration.

The boy was quite ashamed of his appearance, and begged earnestly to have the growths removed After placing him for a few days on preparatory treatment, I ligatured the base of the right tumour with some little difficulty, the first ligature, though strong, giving way. The nutritive supply of the tumour having been interfered with, I dissected it off from its attachments, removing a portion of the ear and surrounding tissues to prevent, if possible, a recurrence of the growth; weight on removal, two pounds twelve ounces. I repeated the same operation with the left tumour, but passed a double ligature through the centre of the pedicle, on

account of its size, tying it anteriorly and posteriorly; weight on removal, one pound twelve ounces. There was a fair amount of arterial hæmorrhage; pressure on the common carotid and torsion were of service.

The after-treatment consisted in rest, and a pill containing opium and quinine. The parts were washed daily with carbolic acid lotion and afterwards dressed with zinc ointment. No glandular enlargement existed at any time.

Mr. Bryant, in the second edition of his "Practice of Surgery," in treating of affections of the external ear, says:—"The fibro-plastic or cheloid has been already alluded to as occurring in the lobulus of the ear after the operation of puncture. I have seen many such, the largest having been the size of a walnut."

The case is an interesting one from the large size of the tumours, and from the length of time over which their growth extended—namely, eight years. Both tumours have been reserved for microscopic examination. The growths are probably of a fibro-plastic nature.

Case III.—*Atresia Vaginæ of Seventeen Years' Duration.**—S. G., aged eighteen, a native girl, was brought to me by her friends in May, 1881, for examination, and to obtain medical relief. She presented the appearance of great physical suffering, and had an aged and worn expression. Owing to great abdominal pain she could scarcely walk or maintain the upright posture. She was of very slight build, and evidently in bad health. The breasts were full and well developed. She complained of a tumour in the abdomen, which was accompanied with intense pain, with pains in the back, and constipation. I made an abdominal examination, and found a firm round tumour occupying the hypogastric and umbilical regions.

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I obtained the following history from one of her relatives:—When twelve months old she got a number of sores in the region of the anus and vagina, the scars of which were plainly visible. One of these sores, probably an abscess (abscess being very common among these people), occupied the genital canal, and on healing gave rise to occlusion of the vagina. When sixteen years of age—about the period when Nature would assert herself—she complained of a small painful tumour in the abdomen, which gradually increased in size from that time until she came under my care, when it was fully as large as a six months' pregnancy. No menstrual flow having taken place, I examined the genital organs, and found the vulva completely occluded, the parts presenting the appearance of an anus. Rectal examination revealed the presence of a large tumour lying within a few inches of the anal orifice, very firm, and having large vessels running in its walls—this, of course, being the enlarged and distended uterus, which by its pressure gave rise to lumbar pain and constipation. Dr. Atthill, in treating of this subject, relates a case of total absence of the vagina, and states that "lesser degrees of atresia are, however, more frequent, and afford fair promise of being benefited by operation; and as serious consequences, and even death, are likely to result if an exit for the menstrual fluid be not obtained, the attempt to reach the upper portion of the vagina by a careful dissection is certainly warranted."

No relief being obtainable otherwise than by operation, I had her placed under chloroform, and taking the small urethral opening in the anterior wall as my guide I made a careful dissection in the axis of the canal, and eventually found my way into the upper portion of the vagina, when, withdrawing the knife, I introduced my left forefinger to dilate the opening already made. On withdrawing my finger a rush of dark coffee-coloured fluid took place, draining away

to the amount of 60 ounces. During the discharge of this grumous fluid I passed my finger, well oiled, per rectum, to support the body of the uterus, and thus assist free discharge. The canal was then syringed out with Condy's fluid, and an oiled plug placed in the vagina, a napkin and roller being also applied. She was put on a pill containing half a grain of the extract of opium with 2 grains of quinine (which was afterwards increased to 3 grains), one every third hour, rest in bed and liquid diet. On the second day after operation she complained of great pain in the ovarian regions, the temperature rising to 102·8°; respiration 60, panting and thoracic; pulse 126. To ease the pain hot poultices were applied, and an opiate draught given at bedtime. The daily treatment consisted in syringing out the vagina, morning and evening, with Condy's fluid; putting in a vaginal plug, made of lint and saturated with Carbolized oil; pain and restlessness being combated by hot poultices and opium. The quinine, in pill, was continued for eighteen days, quinism being produced. The diet was at times modified to suit the wish of the patient, consisting mainly of rice, arrowroot, eggs, soup, tea, and bread. On the forty-fifth day after operation the menstrual molimina came on, the flow taking place freely on the forty-sixth, forty-seventh, forty-eighth, and forty-ninth days.* During the period of treatment she improved wonderfully in facial expression and physique. Regarding the use of quinine in these cases, beside the antiseptic property possessed by the drug, Dr. Atthill considers it has a further and specific action on the uterus. He refers to it as being perhaps the most valuable agent we possess next to ergot.

* Eleven months after discharge from the hospital the menses continue easy and regular.

Case IV.—*Lichen Tropicus, Eczema Solare.**—This affection, better known as "prickly heat," has come frequently under my observation. It is recognised as a source of much annoyance to Europeans newly resident in the tropics, and more particularly to those who visit warm regions for the first time. Many are troublesomely affected, while others are comparatively free from the rash.

The eruption, consisting of small reddish papules, is more or less general. It is, however, most frequently observed high on the forehead, on the forearms, wrists, sides and front of the neck (a very favourite seat), upper portion of the back, and calves of the legs.

It accompanies free action of the skin, and is therefore well seen on partaking of a warm liquid, as tea or coffee. Those who visit the tropics regard it rather as a sign of being in good health than otherwise, and in a certain sense it may be taken as such. Sir Ranald Martin observes:—"Prickly heat being rather a symptom than a cause of good health, its disappearance has been erroneously accused of producing much mischief;" and, "it certainly disappears suddenly sometimes on the accession of other diseases, but then there is no reason to suppose that its disappearance occasioned them;" or, in other words, when fever or ague invades the system, the chill causes contraction of the skin and acts as a repellant. Many who suffer do not adopt any special treatment, but in two or three cases I tried the efficacy of an ointment composed of dilute hydrocyanic acid (B.P.), glycerine, and common ointment. Beyond temporary relief from the irritation I do not think it proved of any practical value.. Besides, it requires to be made up fresh and in small quantities, on account of the liability of the acid to evaporate, and it cannot be used on an abraded surface. Prevention is here of more

* Appeared in the Dublin Journal of Medical Science, June, 1880.

value than cure, and most relief can be obtained by attention to diet, cleanliness, and clothing:—

1. *Diet.*—Much will here depend upon the individual avoiding those articles which he finds produce the eruption.

2. *Cleanliness.*—Sponging the body over with cold water each morning is useful in many ways. It will be found to brace up the system for the day conducing to mental and bodily activity, and further to cleanse the skin from irritating matters. Special attention should be paid to such regions as the axillæ, &c., and, after washing, it is soothing to apply a little violet powder. This application of cold to the body may cause a recession of the eruption to take place. I have noticed it in my own person to disappear, but speedily to reappear after taking hot tea or coffee. It is well to avoid anything approaching a chill in tropical regions, but I think there may be allowed to be a difference between chill from exposure or damp clothing and that received from the impact of cold water on the surface, followed by reacting friction to the skin. Sir R. Martin, however, says, "Cold bathing and repellants are not to be recommended in this eruption, even in persons of robust constitution recently arrived in the country, and who are in the enjoyment of good health.

3. *Clothing.*—The dress is of much importance. Woollen shirts should be avoided, as they are hot and irritating to the skin. Flannel or cotton next the skin will be found to be the best and should be changed morning and evening.

I am not aware of any internal remedy, but a teaspoonful of "Pyretic Saline" (Lamplough's) in half a tumblerful of cold water, before breakfast, may prove useful.

Sir Ranald concludes:—"Hair powder, lime juice, and a variety of external applications have been used for the removal of prickly heat, but with little or no benefit. The truth is, that the only means productive of good effect in mitigating its violence till the constitution becomes assimilated

to the climate are—light clothing, temperance in eating and drinking, avoidance of all exercise in the heat of the day, open bowels, and, lastly, the use of the punkah or large fan during the night, as is now the ordinary practice in Bengal. The punkah is always safe, and, unlike the through-draught or external breeze, it removes the heated air surrounding the body without exposing it to the dangers arising from sudden night changes in the temperature and humidity of the atmosphere."

CASE V.—*Eruptions in Febris Intermittens of West Africa.**—C. T., aged twenty-eight, condition of body stout, came under my care 25th August suffering from intermittent fever. He had feeling of cold in back and limbs with rheumatic pains previous evening. On morning of 25th was seized with rigors and vomiting; character of vomit bilious; feet cold. Objective symptoms presented nothing peculiar with exception of his being a little bilious looking. In the early stage of this fever, as in this case, the vomiting and accompanying straining is generally severe and exhausting, the stomach rejecting everything. For this condition I applied a flannel roller around the abdomen (epigastric region), which afforded him much relief, and is of practical value. Intense thirst, anorexia, slight dyspnœa with dry cough were present. During the cold stage the ordinary treatment was adopted, that of applying external warmth by means of blankets and hot water bottles to the feet, and during this stage I gave him a small bottle of champagne in divided doses, so as not to overload the stomach and on account of the vomiting. In this stage of the fever it is believed that the champagne hastens the hot stage and promotes the tendency to sweating; this sweating is generally the resolution of the fever, and its appearance is anxiously looked for by the patient.

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Pyrexia, course and mode of progress. Six observations, each observation lasting five minutes, and at an interval of one hour each. First observation gave temperature 101·8°, pulse 94, respiration 20—the patient passing by a feeling of alternate heats and chills into the hot stage. Second observation.—Temperature 102·4°, pulse 102, respiration 24. At the commencement of the hot stage I administered 10 grains of Dover's powder, and one hour after one and a half ounces of compound senna mixture. Arterial excitement was high, and intense frontal headache complained of. For this the continuous application of a cold evaporating lotion proved grateful and soothing to the patient, relieving restlessness. At the third observation—temperature 103·4°, pulse 106, respiration 24—profuse sweating set in, moisture being first observable about the upper part of the body, and as free action of the skin set in a strong sickly odour was exhaled. As soon as the skin becomes moist I give quinine, and administered 20 grains during the sweating stage as follows:—Fourth observation.—Temperature 102·4°, pulse 102, respiration 20. Sweating, 12 grains of sulphate of quinine in solution given. Fifth observation.—Temperature 100°, pulse 90, respiration 18. Sweating, 8 grains of quinine given. On this practice Sir Ranald Martin observes:—"Several very able medical officers are in the habit of giving quinine in the intermittents of the East Indies in doses of 25 to 30 grains, 'as soon as the patient begins to perspire freely after the hot stage;' and, 'the sulphate of quinine is exhibited variously by various practitioners,' some, as Maillot, giving very large doses, such as 20 and 30 grains, four hours before the expected paroxysm, while others begin to administer the quinine on the subsiding of the paroxysm and during the sweating stage." Sir Ranald's own practice was:—"On the following morning, the intermission being complete, the sulphate of quinine is to be administered at intervals of three hours during the day, the

patient being kept in bed and supplied with farinaccous food only." As soon as the sweating abated I had the patient rubbed dry, clothing changed, and removed him to dry bed. At the termination of this stage his hands presented a white and sodden appearance. At the sixth observation—temperature 98·6°, pulse 86, respiration normal—a critical discharge of reddish urine took place, the bowels also acting freely. This shows the advantage of giving a purgative during the fever, as it prepares the way for the quinine.

The eruption appeared during the hot stage, and presented the following characteristics:—*Time*, during the hot stage. *Seat*, root of the neck and upper part of thorax. *Amount*, considerable. *Character*, reddish in colour and patchy. *Duration*, brief. *Sequelæ*, none observable.

The after-treatment consisted in keeping up free action of the bowels, followed by quinine, antifebrile diet, and avoiding chills.

Remarks.—Roberts mentions a patchy rash occurring in the hot stage of this fever. Quinine is said to produce this rash at times; it is to be observed at the time the rash appeared in this case quinine had not been administered.

Case VI.—*Turpentine in Tænia Solium.**—A. B., aged thirty-five, white, by profession a cook, applied to me for relief, stating he had been under treatment in Lagos Hospital for "tapeworm." He believed that only portions of the worm had been removed, as he had not made any progress in the way of complete recovery. His symptoms were the following:—Variable appetite, loss of flesh, continuous feeling of irritation in the bowels, itching of the anus; and he stated that on several occasions actual protrusion of the worm took place. I selected spirits of turpentine as a remedy, and commenced treatment by placing him for twenty-four hours on

* Appeared in the Dublin Journal of Medical Science of June, 1880.

liquid diet, at the termination of which time, and at about eight in the evening, I gave him a good dose of oleum ricini.

In the morning, the oil having in the meantime acted well, I gave him spirits of turpentine in two-drachm doses. This treatment proved quite successful, and, with the exception of trifling hæmaturia, which disappeared in a day or two, he had no return of any of his symptoms, as I had him under my observation for more than two months afterwards, during which time he had gained much flesh. Dr. A. Leared considers turpentine to be the most potent of tænicides, its only drawback being injurious action at times upon the renal organs. He states—"This danger can be greatly diminished, if not altogether averted, by the precaution of giving a purgative, if the turpentine does not itself very speedily act upon the bowels."

CASE VII.—*A Case of Tubal Pregnancy; Early Rupture of the Sac, and Death* (illustrated).*—T. C., aged twenty-one years, of fine physique, and in good health, complained of intermittent pains in the lower portion of the abdomen on the night of the 13th of October, 1882, these pains continuing at intervals on the 14th, accompanied by constant vomiting and intense thirst. Sudden death by syncope took place at midday of the 15th. No medical aid had been obtained during this time.

A suspicion prevailed amongst her friends that her death might have been the result of the administration of some noxious drug; it was therefore considered advisable to have a *post mortem* examination of the body, which I accordingly performed on the morning of the 16th.

Examination.—Body, external examination, well nourished, well formed, and free from all injuries. Marked pallor of the mucous membranes of vagina, eyelids, &c. On opening the

* Appeared in the Dublin Journal of Medical Science, December, 1882.

abdomen three pints of dark fluid blood were found free in the cavity. Stomach and intestines were carefully removed; the former contained a small quantity of oil (castor oil administered before death) and a large round worm (ascaris lumbricoides). The intestines were tympanitic, and the lower bowel contained some healthy fæcal matter. No adhesions or inflammation present. In the pelvic cavity there was a large crassamentum two pounds in weight, and on removing it and searching for the origin of the hæmorrhage, I found the form of extra-uterine pregnancy known as the "tubal," the sac being formed by the dilated and hypertrophied Fallopian tube.

The sac thus constructed was small, dark in colour, and ruptured—an aperture existing in it about the size of a small pea. On laying open the sac fœtal structures and a fœtus of about the fortieth day were found. The ovaries were healthy; the uterus slightly enlarged, and empty; the remaining organs perfectly healthy. This women had aborted a ten weeks' fœtus in July previous, and at the time of her death the menstrual flow had been absent one month, giving rise to a suspicion of pregnancy.

As regards treatment in these cases—"In so far as the early weeks are concerned, it is obvious that, accurate diag-

nosis being impossible, treatment can only be palliative, or directed against symptoms, the import of which we can only guess at."—(Leishman.) The same authority recommends anodyne applications, opiate suppositories, strict rest in the recumbent posture. Cazeaux recommends, even in the early stages, bleeding to syncope, or the passage of electric shocks through the abdomen so as to destroy the life of the fœtus. The difficulty is one of diagnosis. Deseimeris states the tubal form, as a rule, ruptures about the fourth month. In this case the rupture took place very early; about the fortieth day.

CASE VIII.—*Fracture of the Clavicle from Concussion.**—The ordinary causes of fracture of the clavicle are laid down as occurring mainly from indirect violence, as "falls on the arm or shoulder (Druitt's "Vade Mecum," page 244); and a case is given by Bryant ("Surgery," 2nd Ed., Vol. II., page 374), where fracture took place from muscular action. I do not remember having met with a case similar to the one I now record:—W. S., a strong, healthy adult, was admitted into the Victoria Hospital, under my care, on the 14th of May, 1882, suffering from simple fracture of the right clavicle, produced by concussion consequent on the discharge of a heavily loaded gun. The fracture was situated in the middle of the bone. The force producing this fracture would be direct and of considerable violence. The treatment followed was by the axillary pad, arm-sling, and figure of 8 bandage, with rest on the back on a hard bed.

CASE IX.—*On a Case of Anthrax.**—The occurrence of more than one carbuncle at the same time in the human subject is undoubtedly rare. "It is rare to see more than one carbuncle in the same individual" (F. Clarke, p. 103),

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and "It generally occurs singly" (Bryant, Vol. I., 2nd Ed., p. 168).

My patient was a woman well advanced in years, out of condition, with a very weak circulation—indeed, I had little hesitation in saying, after careful examination, that she suffered from cardiac degeneration. The illustration accompanying this note is taken from a sketch I made during the progress of the case. It shows exactly the position of the carbuncles—one cervical or superior, and one dorsal or inferior. The cervical anthrax, when seen by me, exhibited brawny hardness, was exquisitely painful to the touch, or on attempting to move the head. The inferior was a stage in advance, having a sloughing core with softening of the adjacent tissues. The treatment followed had reference to the constitutional powers of the patient and the stage of the carbuncles. Crucial incisions were avoided in the cervical anthrax, in the hope that it might abort; the inferior had passed the stage for incision.

Crucial incisions were also avoided as liable to give rise to shock and hæmorrhage in a patient already debilitated. I contented myself with smearing over the superior anthrax

with an emollient preparation for the reason stated, and to which Sir James Paget refers. The dorsal anthrax I treated by O'Ferrall's method, linseed meal poultiees being frequently applied over the aperture in the strapping. The bowels were carefully regulated, and I followed what I recommend as a sound practice in the tropics and in malarial regions—namely, the addition of quinine to aperient mixtures. Opium was exhibited to subdue restlessness and pain, attention being given to the general surroundings, cleanliness being observed, with the admission of plenty of fresh air.

The core of the dorsal anthrax sloughed out, leaving a large aperture (see illustration); this was followed by a copious flow of creamy pus intermixed with shreds of areolar tissue. The cavity formed was washed out daily with Condy's fluid and tepid water. This anthrax, having lost its core and discharged freely, was followed by softening of the cervical one, and by the discharge of its core, the size of a hen's egg, through the opening in the inferior anthrax, the sloughs and shreds of areolar tissue coming, seemingly, through a subcutaneous canal on the left side of the spinal column, and leaving after discharge an immense subcutaneous cavity in the neck. The treatment then adopted was that recommended by Hilton—rest and compression (3rd Ed., p. 145). During the progress of the case the diet was carefully looked to, avoiding over-feeding or over-stimulation. In the latter stages of the case abscesses formed necessitating the use of the knife; much swelling of the hands and feet also occurred which yielded to position. The urine was carefully examined but gave no evidence of containing either sugar or albumen. The points of interest in the case were:—1st. The presence of two carbuncles at the same time; 2nd. The superior anthrax discharging its core and sloughs through the aperture of the inferior.

The following modes of treatment have been advocated in

anthrax:—Crucial incisions, subcutaneous incisions, the use of the potassa-fusa, carbolic acid, &c. Regarding the use of incisions in these cases, Sir James Paget presents three points for consideration—1st. Do crucial incisions prevent spreading of the carbuncle? 2nd. Do they diminish the pain? 3rd. Do they hasten the healing process? He answers these questions as follows:—"I fully believe that crucial incisions do not prevent extension; that there is only a limited set of cases in which the incisions diminish pain; and that with regard to the time which is occupied in healing, with or without incisions, the healing without incisions is very clearly and certainly the quicker."

Bryant gives his opinion on the subject of crucial incisions thus:—"I was taught it, and from observing its effects have long given it up, believing that it did little or no good, and was often followed by a harmful hæmorrhage." Sir James Paget further remarks on crucial incisions in anthrax, "First, with regard to the incisions made in carbuncles, the ordinary plan, still recommended by some is, as soon as a carbuncle is seen, to make two incisions crucially from border to border. It is said that they must go even beyond the edges of the carbuncle into the adjacent healthy textures. I have not followed this method very often, but I have followed it quite often enough to be sure that it does not produce the effects which are commonly assigned to it. It is commonly said that if you will thus make crucial incisions into a carbuncle you will prevent its spreading.

"If you can find a carbuncle two or three days old, and cut it right across in both directions, I think it not unlikely that you will prevent it spreading. But even therein is a fallacy, for there is no sign by which, on looking at a commencing carbuncle, you can tell whether it will spread or not, whether it will have a diameter of an inch, or of three, six, or ten inches. The question, therefore, that I spoke of comes back,

What would have happened if I had not made these incisions? and the answer to that question will be rather according to temper than according to knowledge. Habitual self-satisfaction will say I saved that man's life; self-dissatisfaction, I did him no good. The true scientific temper stands midway and says, I will wait for further information on the matter, till I have seen more cases, and then decide whether, in the earliest stage of carbuncle, incisions are useful or not."

I remember the late Dr. James Moore, R.H.A., of the Royal Hospital, Belfast, relating to me a case in which he had followed the practice of incision, and the patient had almost succumbed to hæmorrhage. Paget's opinion, as quoted above, is very clear; I followed it, and the case did remarkably well. Unfortunately I lost sight of the patient for a few days, and on being called again found her suffering from pyæmia, to which she quickly succumbed.

Case X.—*Alcoholism.*—W. G. came under my care in 1880. He stated that for two weeks he had taken little food but a quantity of stimulant in the form of brandy.

His general condition was good, being of strong physique, he was quite on the verge of *delirium tremens;* face bloated and congested, a general tremulousness pervaded his system with marked restlessness—tongue trembliug and furred—complete anorexia. His chief complaint was "total loss of sleep." He had an incessant craving for drink, and would constantly request some stimulant which I firmly refused.

Being a strong subject I commenced treatment by unloading his vessels by an ounce dose of the sulphate of magnesia keeping up a free action of the bowels during treatment. As he could not manage solid food I gave him strong soup with capsicum in it, and each time the craving for stimulant was greatly felt—a draught containing tincture of capsicum, bromide of potassium, and aromatic spirits of ammonia. Dr.

Ringer speaks highly of capsicum in these cases, and recommends the above draught. As the chief indication was to procure sleep and a sedative action on the nervous system, for the former I gave him sleeping draughts of chloral hydrate, and for the latter 120 grains of the bromide of potassium daily. On carrying out this treatment for a few days, appetite, sleep, and natural functions returned without the aid of stimulants.